



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

## INVITATION FOR BID Notice to Prospective Bidders

**IFB Name: Behavioral Health Performance Measurement System**  
**IFB Number: 05-75122-000**

March 24, 2005

You are invited to review and respond to this Invitation for Bid (IFB), entitled Behavioral Health Performance Measurement System, IFB Number: 05-75122-000. In submitting your bid, you must comply with these instructions.

Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at Internet site [www.ols.dgs.ca.gov/Standard +Language](http://www.ols.dgs.ca.gov/Standard+Language). If you do not have Internet access, a hard copy can be provided by contacting the person listed below.

In the opinion of the Department of Mental Health (DMH), this Invitation for Bid is complete and without need of explanation. However, if you have questions, or should you need any clarifying information, the contact person for this IFB is:

David Harner  
Department of Mental Health  
Phone (916) 654-5802  
Fax (916) 653-6376  
[David.Harner@dmh.ca.gov](mailto:David.Harner@dmh.ca.gov)

Please note that no *verbal* information given will be binding upon the State unless such information is issued in writing as an official addendum.

*Original signed by*

TERRIE TATOSIAN  
Procurement and Contracting Officer  
Administrative Services

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## **A) Purpose and Description of Services**

The State of California Department of Mental Health (DMH) is seeking a contractor to provide an operational Performance Measurement System (PMS). In 1997, the Board of Commissioners of the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") approved a plan, known as the ORYX initiative, to incorporate performance measures in the accreditation process. All DMH state psychiatric hospitals are accredited by JCAHO and are required to continue with the accreditation process on a tri-annual basis. DMH state psychiatric hospitals are required, as a condition of JCAHO accreditation, to contract with a JCAHO-approved performance measurement system to assist DMH state psychiatric hospitals in collecting, measuring and monitoring performance outcome measurement data, then reporting summary data to JCAHO.

### **Scope of Work**

1. The Contractor will provide a Performance Measurement System (PMS) that will be utilized by Atascadero, Metropolitan, Napa, Coalinga, and Patton state psychiatric hospitals to meet the requirements of the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) ORYX initiative.
2. All aspects of the PMS including, collecting, measuring and monitoring performance outcome measurement data and reporting summary data to JCAHO shall be the same for all state psychiatric hospitals. Standardization will enable DMH the opportunity of evaluating the relative effectiveness of its hospitals in meeting the JCAHO ORYX initiative in evaluation and improving the quality of clinical care.
3. The Contractor must have JCAHO approval for the PMS. All aspects of the PMS, including and without limitation, the development, implementation and operation of the PMS, shall be subject to JCAHO requirements.
4. The state psychiatric hospitals shall collect and electronically report performance measurement data to the Contractor, or its designated agent, in accordance with applicable JCAHO requirements. The Contractor shall be aware that JCAHO requirements may be amended from time to time by JCAHO.
5. DMH shall be solely responsible for developing an effective method for de-identifying all data disclosed to the Contractor, or its designated agent. DMH hereby acknowledges and agrees that the Contractor shall not in any way be responsible or accountable for the disclosure of patient-specific data that DMH has failed to de-identify.
6. DMH agrees that all information including performance measurement data submitted to the Contractor will be true and accurate.

7. The Contractor shall assure after receipt of DMH's data, that such data is analyzed and reported back to the state psychiatric hospitals in the form of the PMS Reports. The state psychiatric hospitals shall notify the Contractor that the PMS Reports are acceptable and may be submitted to the JCAHO. Once the approval of the state psychiatric hospitals has been received, the Contractor shall submit to the JCAHO, on a quarterly basis, the PMS Reports required by the JCAHO's ORYX initiative.
8. Should there be a change in the JCAHO requirements associated with compliance of the ORYX Initiative, the Contractor shall notify DMH as soon as possible. DMH and the Contractor shall determine if there will be a need to amend this agreement to conform to the revised JCAHO requirements. Any amendments shall be processed in accordance with state contracting guidelines set forth by the Department of General Services, the Public Contract Code and the State Administrative Manual.
9. The Contractor agrees that all notices and other communications hereunder shall be in writing and shall be deemed duly given if delivered in person, by courier or if sent by certified or registered mail, postage prepaid, to the following:

California Department of Mental Health  
Attn: David Harner  
1600 9<sup>th</sup> Street, Room 250  
Sacramento, CA 95814

10. The Contractor must submit on a quarterly basis, the PMS reports required by JCAHO's ORYX Initiative on behalf of the DMH state psychiatric hospitals. The Contractor's PMS must apply risk-adjustments based on the extensive demographic and clinical information that is identified for each case and submit aggregated data to the JCAHO. The Contractor's PMS must use standardized performance measures to compare each DMH state psychiatric hospital with the other four DMH state psychiatric hospitals. In addition, the Contractor's PMS must use standardized performance measures to compare each California state psychiatric hospital with the majority of other state psychiatric hospitals throughout the United States.
11. The Contractor's PMS must:
  - Provide for easy analysis utilizing menu-driven software;
  - Have the ability to create measures, reports and graphics;
  - Have the ability to compare aggregate data among the network of participating state psychiatric hospitals.
12. The Contractor must perform annual on-site Data Integrity Reviews of a selected percentage of participating state psychiatric hospitals.
13. The Contractor must provide weekly written communication with all state psychiatric hospitals to identify discrepancies and/or errors that may have occurred during the submission of data.

## **B) Bidder Minimum Qualifications**

1. The bidder must have developed a JCAHO-approved Performance Measurement System (PMS) that accepts case-level data. JCAHO shall be contacted to verify approval of the bidder's PMS.
2. The bidder must have a minimum of five years experience in the operation of the PMS.
3. The bidder must have a minimum of five years of experience and specific knowledge in collecting, measuring and monitoring performance outcome measurement data in state psychiatric hospitals with a bed a capacity of at least 600-1,200 beds, multiple levels of service, and specialty programs.
4. The Contractor must be able to provide consultation and technical assistance to the state psychiatric hospitals via e-mail, the Internet and telephone Monday through Friday.

## **C) Bid Requirements and Information**

### **1) Key Action Dates**

<u>Event</u>	<u>Date &amp; Time (if applicable)</u>
IFB available to prospective bidders	3/24/05
Final Date for submission of questions	4/7/05, 4:00 p.m.
Final Date for DMH to respond to bidders questions	4/14/05
Final Date for Bid Submission	4/28/05, 3:00 p.m.
Bid Opening	4/28/05, 3:15 p.m.
Notice of Intent to Award	4/29/05
Proposed Contract Start Date	7/1/05

## 2) Bidder Questions:

Bidders should notify DMH immediately if they need clarification about the services being sought or have questions about the IFB instructions or requirements. Inquiries must be submitted in writing to DMH. At its discretion, DMH reserves the right to contact an inquirer to seek clarification of any inquiry received. The level of detail DMH will provide in response is subject to the availability of DMH resources.

Bidders that fail to report a known or suspected problem with the IFB or fail to seek clarification and/or correction of the IFB, submit a bid at their own risk.

Inquiries shall include the following:

1. Name of the organization submitting the question;
2. The name of a contact person along with a mailing address, telephone number and E-mail address;
3. A description of the subject or issue in question or discrepancy found.

**Written inquiries about this IFB must be received by DMH no later than 4:00 pm on April 7, 2005.**

Questions/inquiries shall be submitted through U.S. mail, by facsimile, by email or hand-delivered to:

David Harner  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 250  
Sacramento, CA 95814  
Fax (916) 653-6376  
Email: David.Harner@dmh.ca.gov

A Bidder transmitting a question by email or facsimile is responsible for confirming the receipt of the questions by the stated deadline. DMH's internal processing of U.S. mail may add up to 24 hours to the delivery time. If questions are mailed, the Bidder should consider using certified, registered or express mail and request a return receipt confirming delivery date and time of delivery. If a question is hand-delivered, allow sufficient time to locate parking and allow for sign-in at the Bateson Building security desk.

Any questions which, in the judgment of the Contracts Office materially alter the IFB requirements, will be answered in writing by the date noted in Section C, Bid Requirements and Information, Item 1) Key Action Dates. The questions and answers will be posted on the DMH website at <http://www.dmh.ca.gov/> under the section title "What's New".

Please note that spontaneous verbal remarks provided in response to verbal inquiries are unofficial and are not binding on DMH unless later confirmed in writing. Further, no inference shall be drawn from any question DMH does not respond to in writing.

### 3) Submission of Bid

- a) All bids must be submitted under **sealed** cover and sent to the Department of Mental Health by dates and times shown in Section C, Bid Requirements and Information, Item 1) Key Action Dates, (page 5). The sealed cover must be plainly marked with the IFB number and title, must show your firm name and address, and must be marked with "DO NOT OPEN", as shown in the following example:

**IFB Name: Behavioral Health Performance Measurement System**

**IFB Number: 05-75122-000**

**Department of Mental Health**

**1600 9<sup>th</sup> Street, Room 150**

**Sacramento, CA 95814**

**DO NOT OPEN**

Bids not submitted under sealed cover may be rejected.

- b) **A minimum of one (1) original and two (2) copies of the bid must be submitted. In addition, one (1) copy of the bid on CD-ROM must be submitted to DMH.**
- c) All bids must include the documents identified in Section E, Required Attachments Checklist (see pages 11 and 12). Bids not including the proper "required attachments" may be deemed non-responsive. A non-responsive bid is one that does not meet the basic bid requirements and may be rejected.
- d) Mail or deliver bids to the following address:

U.S. Postal Service Deliveries, or  
Hand Deliveries (UPS, Express Mail, Federal Express)

Department of Mental Health, Contracts  
1600 9<sup>th</sup> Street, Room 150  
Sacramento, CA 95814

- e) Bids must be submitted for the performance of all the services described herein. Any deviation from the work specifications will not be considered and will cause a bid to be rejected.
- f) A bid may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. DMH may reject any or all bids and may waive an immaterial deviation in a bid. DMH's waiver of an immaterial deviation shall in no way

modify the IFB document or excuse the bidder from full compliance with all requirements if awarded the agreement.

- g) Costs incurred for developing bids and in anticipation of award of the agreement are entirely the responsibility of the bidder and shall not be charged to DMH.
- h) An individual who is authorized to bind the bidder contractually shall sign the Bid/Bidder Certification Sheet, page 13. The signature should indicate the title or position that the individual holds in the firm. An unsigned bid may be rejected.
- i) A bidder may modify a bid after its submission by withdrawing its original bid and resubmitting a new bid prior to the bid submission deadline. Bidder modifications offered in any other manner, oral or written, will not be considered.
- j) A bidder may withdraw its bid by submitting a written withdrawal request to DMH, signed by the bidder or an authorized agent. A bidder may thereafter submit a new bid prior to the bid submission deadline. Bids may not be withdrawn without a written request subsequent to the bid submission deadline.
- k) DMH may modify the IFB prior to the date fixed for submission of bids by the issuance of an addendum, which will be posted on the California State Contracts Register (CSCR) and on the DMH website, [www.dmh.ca.gov](http://www.dmh.ca.gov). In addition, the addendum will be sent, via U.S. mail or email, to all parties who received a bid package.
- l) DMH reserves the right to reject all bids. DMH is not required to award an agreement.
- m) Before submitting a response to this solicitation, bidders should review, correct all errors and confirm compliance with the IFB requirements.
- n) The State does not accept alternate contract language from a prospective contractor. A bid with such language will be considered a counter proposal and will be rejected. The State's General Terms and Conditions (GTC) are not negotiable.
- o) No oral understanding or agreement shall be binding on either party.

#### **4) Evaluation and Selection**

- a) At the time of bid opening, each bid will be checked for the presence or absence of required information in conformance with the submission requirements of this IFB.
- b) DMH will evaluate each bid to determine its responsiveness to the minimum requirements.
- c) Bids that contain false or misleading statements, or which provide references, which do not support an attribute or condition claimed by the bidder, may be rejected.
- d) Award if made, will be to the lowest responsive responsible bidder.



## 5) Award and Protest

- a) Whenever an agreement is awarded under a procedure, which provides for competitive bidding, but the agreement is not to be awarded to the low bidder, the low bidder shall be notified by telegram, electronic facsimile transmission, overnight courier, or personal delivery five (5) working days prior to the award of the agreement.
- b) Upon written request by any bidder, notice of the proposed award shall be posted in a public place in the office of the awarding agency (DMH Room 101) at least five (5) working days prior to awarding the agreement.
- c) If any bidder, prior to the award of agreement, files a written protest with the Department of General Services, Office of Legal Services, 707 Third Street, 7th Floor, Suite 7-330, West Sacramento, CA 95605 and the Department of Mental Health, Contracts Unit, 1600 9<sup>th</sup> Street, Room 150, Sacramento, CA 95814 on the grounds that the (protesting) bidder is the lowest responsive responsible bidder, the agreement shall not be awarded until either the protest has been withdrawn or the Department of General Services has decided the matter.
- d) Within five (5) days after filing the initial protest, the protesting bidder shall file with the Department of General Services and the awarding agency a detailed written statement specifying the grounds for the protest. The written protest must be sent to the Department of General Services, Office of Legal Services, 707 Third Street, 7<sup>th</sup> Floor, Suite 7-330, West Sacramento, California 95605. A copy of the detailed written statement must be mailed to the Department of Mental Health, Contracts Unit, 1600 9<sup>th</sup> Street, Room 150, Sacramento, CA 95814. It is suggested that any protest be submitted by certified or registered mail.
- e) Upon resolution of the protest and award of the agreement, Contractor must complete and submit to the awarding agency the Payee Data Record (STD 204), to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. This form can be found on the Internet at [www.osp.dgs.ca.gov](http://www.osp.dgs.ca.gov) under the heading FORMS MANAGEMENT CENTER. No payment shall be made unless a completed STD 204 has been returned to DMH.
- f) Upon resolution of the protest and award of the agreement, Contractor must sign and submit to DMH, *page one (1)* of the Contractor Certification Clauses (CCC), which can be found on the Internet at [www.dgs.ca.gov/contracts](http://www.dgs.ca.gov/contracts). This document is only required if the bidder has not submitted this form to DMH within the last three (3) years.

## 6) Disposition of Bids

- a) Upon bid opening, all documents submitted in response to this IFB will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public. It is the policy of DMH's Contract Unit to retain contract documents for a minimum of three years from the termination date of the contract, or three years after

the final payment is made to the Contractor under the terms of the contract, whichever is longer.

- b) Bid packages may be returned only at the bidder's expense, unless such expense is waived by DMH.

## 7) Agreement Execution and Performance

- a) Performance shall start not later than on the express date set by DMH and the Contractor, after all approvals have been obtained and the agreement is fully executed. Should the Contractor fail to commence work at the agreed upon time, DMH, upon five (5) days written notice to the Contractor, reserves the right to terminate the agreement. In addition, the Contractor shall be liable to DMH for the difference between Contractor's bid price and the actual cost of performing work by the second lowest bidder or by another contractor.
- b) All performance under the agreement shall be completed on or before the termination date of the agreement.

## D) Preference Programs

**Small Business Preference:** Bidders that are certified as small business in California are encouraged to apply. A certified small business may claim a 5% cost preference when submitting a bid on a state contract. The preference is used only for computation purposes to determine the winning bidder and does not alter the amounts of the resulting contract. An explanation of small business certification and information on how to become certified as a small business can be found on the Internet at <http://www.pd.dgs.ca.gov>. For the purposes of this IFB, all Bidders must submit a completed "Small Business Preference" form (Attachment 6).

To be considered a valid small business in an applicable state contract bid competition, a complete certification application package must be received by the Office of Small Business and DVBE Certification (OSDC) no later than 5 pm on the bid submission deadline date. The certification will be effective on the date the application is properly received and deemed complete by the OSDC. Incomplete application submittals will delay certification status and may result in the loss of the 5 percent preference eligibility. Applications are processed on a "first-in", "first-out" basis unless an expedite is requested. Expedite requests will be considered by the OSDC as follows: Bidder must be actively bidding on an upcoming State of California solicitation. The law allows certification applicants until 5 pm on the bid submission deadline date to properly submit a complete certification application and all required support documents to the OSDC. However, the OSDC prefers to receive the written expedite request and complete certification application package, a minimum of 5 working days prior to the bid submission deadline date. Further information can be found on the Internet at <http://www.pd.dgs.ca.gov/smbus/expedite.htm>.

**E) Required Attachments**

**Refer to the following pages for additional Required Attachments that are a part of this agreement.**

ATTACHMENT 1

REQUIRED ATTACHMENT CHECKLIST

A complete bid or bid package will consist of the items identified below.

Complete this checklist to confirm the items in your bid. Place a check mark or "X" next to each item that you are submitting to the State. For your bid to be responsive, all required attachments including this checklist, must be returned.

<u>Attachment</u>	<u>Attachment Name/Description</u>
_____ Attachment 1	Required Attachment Check List
_____ Attachment 2	Bid/Bidder Certification Sheet
_____ Attachment 3	Cost Sheet
_____ Attachment 4	Statement of Qualifications & Chronological Account
_____ Attachment 5	Bidder References
_____ Attachment 6	Small Business Preference form
_____ Attachment 7	Payee Data Record (STD 204)
_____ Attachment 8	Contractor Certification Clauses (CCC-304A) The CCC can be found on the Internet at <a href="http://www.ols.dgs.ca.gov/Standard+Language">www.ols.dgs.ca.gov/Standard+Language</a> .

ATTACHMENT 2

BID/BIDDER CERTIFICATION SHEET

This Bid/Bidder Certification Sheet must be signed and returned along with all the "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed box/envelope in accordance with IFB instructions.

- A. All required attachments are included with this certification sheet.
- B. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.

**An Unsigned Bid/Bidder Certification Sheet May Be Cause For Rejection**

1. Company Name	2. Telephone Number (    )	2a. Fax Number (    )
3. Address		
Indicate your organization type: 4. <input type="checkbox"/> Sole Proprietorship    5. <input type="checkbox"/> Partnership    6. <input type="checkbox"/> Corporation		
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No.    8. California Corporation No.		
9. Indicate applicable license and/or certification information:		
10. Bidder's Name (Print)		11. Title
12. <b>Signature</b>		13. Date
14. Are you certified with the Department of General Services, Office of Small Business Certification and Resources (OSBCR) as: a. California Small Business    b. Disabled Veteran Business Enterprise    Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> If yes, enter certification    If yes, enter your service code below: number: _____    _____ <b>NOTE:</b> A copy of your Certification is required to be included if either of the above items Date application was submitted to OSBCR, if an application is		

### Completion Instructions for Bid/Bidder Certification Sheet

Complete the numbered items on the  
 Bid/Bidder Certification Sheet by following the instructions below.

Item Numbers	Instructions
1, 2, 2a, 3	Must be completed. These items are self-explanatory.
4	Check if your firm is a sole proprietorship. A sole proprietorship is a form of business in which one person owns all the assets of the business in contrast to a partnership and corporation. The sole proprietor is solely liable for all the debts of the business.
5	Check if your firm is a partnership. A partnership is a voluntary agreement between two or more competent persons to place their money, effects, labor, and skill, or some or all of them in lawful commerce or business, with the understanding that there shall be a proportional sharing of the profits and losses between them. An association of two or more persons to carry on, as co-owners, a business for profit.
6	Check if your firm is a corporation. A corporation is an artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some rare instances, of a single person and his successors, being the incumbents of a particular office, but ordinarily consisting of an association of numerous individuals.
7	Enter your federal employee tax identification number.
8	Enter your corporation number assigned by the California Secretary of State's Office. This information is used for checking if a corporation is in good standing and qualified to conduct business in California.
9	Complete, if applicable, by indicating the type of license and/or certification that your firm possesses and that is required for the type of services being procured.
10, 11, 12, 13	Must be completed. These items are self-explanatory.
14	If certified as a California Small Business, place a check in the "Yes" box, and enter your certification number on the line. If certified as a Disabled Veterans Business Enterprise, place a check in the "Yes" box and enter your service code on the line. If you are not certified to one or both, place a check in the "No" box. If your certification is pending, enter the date your application was submitted to OSBCR.

ATTACHMENT 3

SAMPLE COST SHEET

Provide an all-inclusive yearly cost for services for each of the state psychiatric hospitals referenced below. The all-inclusive rate shall consider all costs, included but not limited to, the development, software, materials, staff time, maintenance and reporting functions of the Performance Measurement System as required by the Scope of Work of this IFB.

Utilize the table format below to submit your bid:

<b>FISCAL YEAR</b>	<b>HOSPITAL</b>	<b>Cost</b>
<b>2005/2006</b>	Atascadero State Hospital	
	Napa State Hospital	
	Patton State Hospital	
	Metropolitan State Hospital	
	Coalinga State Hospital	
	<b>2005/2006 TOTAL:</b>	
<b>2006/2007</b>	Atascadero State Hospital	
	Napa State Hospital	
	Patton State Hospital	
	Metropolitan State Hospital	
	Coalinga State Hospital	
	<b>2006/2007 TOTAL:</b>	
<b>2007/2008</b>	Atascadero State Hospital	
	Napa State Hospital	
	Patton State Hospital	
	Metropolitan State Hospital	
	Coalinga State Hospital	
	<b>2007/2008 TOTAL:</b>	
<b>2005 – 2008</b>	<b>Three Year TOTAL:</b>	

#### ATTACHMENT 4

##### STATEMENT OF QUALIFICATIONS & CHRONOLOGICAL ACCOUNT

Detail your qualifications to perform the work described in this bid. Address your experience in response to the Bidder Minimum Qualifications referenced in section B of this IFB.

In addition, provide a chronological account, in the past five years, of state psychiatric hospitals (or oversight agencies) that have utilized your Performance Measurement System. Include the user's agency name and the range of dates the Performance Measurement System was used. The bidder's references listed in Attachment 5 **must correspond** to three users referenced in the chronological account.



ATTACHMENT 5

BIDDER REFERENCES

Submission of this attachment is mandatory. Failure to complete and return this attachment with your bid will cause your bid to be rejected and deemed nonresponsive.

List below three references for services performed within the last five years, which correspond to the Performance Measurement System users listed in Attachment 4 under the bidder's chronological account. References will be contacted to verify the bidder meets the Minimum Qualifications specified in Section B of this IFB.

**REFERENCE 1**

Name of Firm

Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Dates of Service	Value or Cost of Service		

Brief Description of Service Provided

**REFERENCE 2**

Name of Firm

Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Dates of Service	Value or Cost of Service		

Brief Description of Service Provided

**REFERENCE 3**

Name of Firm

Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Dates of Service	Value or Cost of Service		

Brief Description of Service Provided

ATTACHMENT 6

SMALL BUSINESS PREFERENCE

**NOTICE TO ALL BIDDERS**

**Small Business Preference**

Section 14835, ET. Seq. Of the California Government Code requires that a five percent (5%) preference be given to bidders who qualify as a small business. The rules and regulations of this law, including the definition of a small business for the delivery of services, are contained in Title 2, California Administrative Code, Section 1896, et. seq. A copy of the regulations is available on request. To claim the Small Business Preference, which may not exceed \$50,000 for any bid, your firm or your designated subcontractor must have its principal place of business located in California and be verified by the State Office of Small Business and DVBE Services. Questions regarding the preference approval should be directed to that office at (800) 559-5529 or (916) 375-4940.

**Please complete this form and return with your Bid.**

Are you claiming preference as a small business?

( ) YES      ( ) NO

Are you subcontracting not less than 25% of the total contract to a small business?

( ) YES      ( ) NO

Primary contractor or sub-contractor Small Business Number \_\_\_\_\_

\_\_\_\_\_  
Name of CONTRACTOR/Organization

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Today's Date